



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 43708.15

Eriksen, et al.

Continuation-In-Part of Application No.: 10/087,302

Examiner: *Unknown*

Filed: September 25, 2003

Group Art Unit: *Unknown*

For: VOLUMETRIC PHYSIOLOGICAL MEASURING SYSTEM AND METHOD

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VOLUMETRIC PHYSIOLOGICAL MEASURING SYSTEM AND METHOD, the specification of which was filed on September 25, 2003 as United States Application Number 10/671,011.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 37 C.F.R. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 37 U.S.C. 119(e) of any United States provisional application(s) listed below.

<i>Application Number(s)</i>	<i>Filing Date (MM/DD/YYYY)</i>	<input type="checkbox"/> <i>Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto</i>

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<i>Application Numbers</i>	<i>Filing Date (MM/DD/YYYY)</i>	<i>Status (Patented, Pending, Abandoned)</i>
10/087,302	02/28/2002	Pending
09/428,358	10/28/1999	Patented

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Mary P. Bauman, Registration No. 31,926; John F. Dolan, Registration No. 45,382; Philip M. Goldman, Registration No. 31,162; Allen W. Groenke, Registration No. 42,608; James R. Haller, Registration No. 24,906; Natalie D. Kadievitch, Registration No. 34,196; Steven J. Keough, Registration No. 33,190; Philip R. Kohls, Registration No. 51,891; Thomas L. McMasters, Registration No. 45,593; Alicia Griffin Mills, Registration No. 46,933; Adonis Neblett, Registration No. 32,358; James J. Paige, Registration No. 50,886; John S. Parzych, Registration No. 52,097; Frank P. Piskolich, Registration No. 52,123; Raymond N. Russell, Registration No. 52,185; Charles D. Segelbaum, Registration No. 42,138; Kara K. Smith, Registration No. 49,079; Eric J. Snustad, Registration No. 45,120; Craig F. Taylor, Registration No. 40,199; and David C. West, Registration No. 35,735.

Address all telephone calls to: Steven J. Keough at telephone number (612) 492-7172.

Address all correspondence to:

Steven J. Keough
 Fredrikson & Byron, P.A.
 4000 Pillsbury Center
 200 South Sixth Street
 Minneapolis, MN 55402-1425 USA
 Telephone: (612) 492-7172
 Facsimile: (612) 492-7077

Customer No. 22859

[Place Barcode Label Here]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> <i>A petition has been filed for this unsigned inventor</i>	
Given Name (First and Middle [if any]) Morten		Family Name or Surname: Eriksen	
Inventor's Signature: <i>Morten Eriksen</i>		Date: 16. October 2003	
Residence (City): Oslo	State:	Country: Norway	Citizenship: Norwegian
Mailing Address: Krokliveien 34 D, N-0587			
Mailing Address:			
City: Oslo	State:	Zip:	Country: Norway

Name of Second Inventor		<input type="checkbox"/> <i>A petition has been filed for this unsigned inventor</i>	
Given Name (First and Middle [if any]) Erik		Family Name or Surname: Eriksen	
Inventor's Signature: <i>Erik Eriksen</i>		Date: 16. October 2003	
Residence (City): Oslo	State:	Country: Norway	Citizenship: Norwegian
Mailing Address: Hoslegata 36, N-1356			
Mailing Address:			
City: Bekkestua	State:	Zip:	Country: Norway
<input type="checkbox"/> <i>Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) attached hereto.</i>			

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